



February 19, 2025

Lee Michael Zeldin, Administrator
1 EPA Docket Center
Office of Research and Development Docket, Mail Code 28221T
1200 Pennsylvania Avenue NW
Washington, DC 20460

Docket ID No. EPA-HQ-OLEM-2024-0360

Dear Administrator Zeldin:

Community Action to Promote Health Environments is a longstanding partnership between community leaders, public health and environmental health professionals, and environmental public health researchers. We have been working since 2013 to identify and implement scientifically based, community informed strategies to improve air quality and health in Detroit and southeast Michigan, where annual costs attributable to air pollution are estimated at \$6.9 billion (these costs encompass mortality, hospitalizations and emergency room visits due to asthma, asthma exacerbations, lost school and work time that are attributable to air pollution). CAPHE is strongly committed to assuring that the best available science is the foundation for decisions that affect public health. We greatly appreciate the opportunity to comment on the Environmental Protection Agency's (EPA) long-awaited interim [Cumulative Impacts Framework](#).

Communities in Detroit and Southeast Michigan experience combined exposures to multiple pollutants emitted from multiple sources, and their adverse impacts on the health and well-being of community residents. Detroit residents are exposed to elevated levels of multiple air pollutants, including particulate matter (PM) (Yang et al, 2023), diesel exhaust (Schulz et al, 2018; Du et al, 2011; Keeler et al 2002), volatile organic compounds (VOCs) (Du et al, 2011; Keller et al 2002; Batterman et al 2012; Jia et al, 2008), sulfur dioxide (SO₂) (Michigan Department of Great Lakes, Environment and Energy, 2022), and ozone (O₃) (Michigan Department of Great Lakes, Environment and Energy, 2022). Southeast Michigan, which contains Detroit, is currently in non-attainment status of the National Ambient Air Quality Standards (NAAQS) for SO₂ (U.S. EPA, 2024). 7 counties in SE Michigan were designated as non-attainment for O₃ between 2004 and 2022. (U.S. EPA, 2024); and counties in SE Michigan are likely to be designated as nonattainment for PM_{2.5} under new NAAQS standards (Ignaczak 2024; U.S. EPA

2024). Detroit has the highest PM_{2.5} level in the state, considerably exceeding the revised annual average NAAQS. Other pollutants of concern include PM₁₀, fugitive dust (Denny et al, 2022; Gearhart et al 2023; Martenies et al 2017) , and metals (Denny et al 2022; Moody et al 2021). Air pollution exposures and associated health impacts have long been of concern among Detroit residents, who experience disproportionate pollutant-related health impacts(Martenies et al 2018; Martenies et al 2017; Yuan et al 2024). It continues to be identified as a top public health priority by community members and organizations (Onwenu and Leonard, 2020; Sampson et al 2020; Warner et al, 2023).

Figure 1 illustrates the close proximity and clustering of multiple stationary and mobile (e.g. freeways) air pollutants sources in southwest Detroit, located in close proximity to residential neighborhoods and facilities with susceptible populations, including schools with young children, elder care facilities, and health care facilities. Research conducted by CAPHE has estimated that excess exposure to pollutants from industrial facilities and mobile sources in the Detroit area combined cause an estimated 290 hospitalizations for respiratory and cardiovascular diseases, up to 30,000 respiratory symptom days among children with asthma, 4500 lost days at work, and 40 deaths *annually* (CAPHE 2017) Those health impacts and associated human and financial costs are disproportionately borne by children, elders and those with preexisting health conditions (e.g., heart or lung disease), who are particularly susceptible to the adverse health impacts of air pollutants.

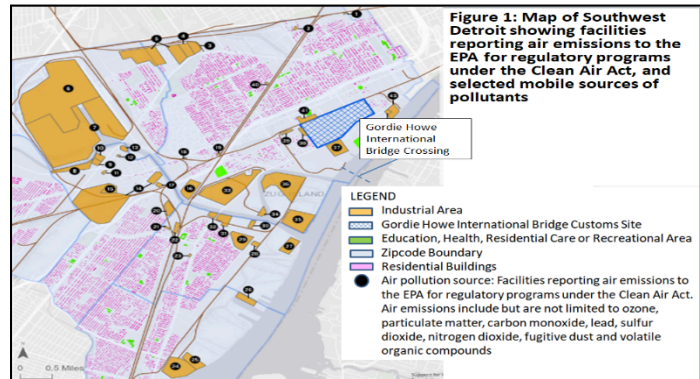
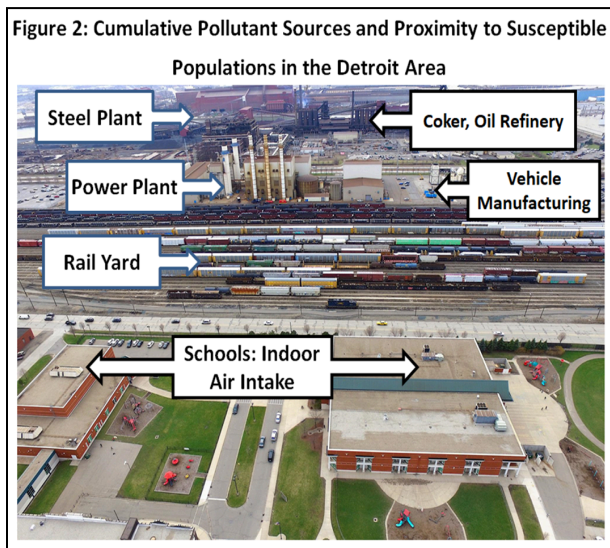


Figure 2 illustrates the concept of cumulative risk using an aerial photograph taken in south Dearborn, immediately adjacent to Detroit. This image illustrates the close proximity of multiple stationary and mobile sources of air pollutants to an elementary and a middle school in south Dearborn, whose air



intakes (located on the roofs of the two school buildings) pull in air that contains multiple pollutants from the multiple sources shown in the upper portion of the photograph. These pollutants disproportionately impact children and adults living in areas with lower incomes, often with older housing stock and with limited resources with which to protect against exposures or mitigate the health related harms associated with those exposures. It is exactly communities such as southwest Detroit (Figure 1) and south Dearborn (Figure 2) – just two of many communities in the Detroit area who experience the cumulative impacts to health and well-being

associated with multiple polluting sources – that the EPA’s Interim Cumulative Impacts Framework is designed to protect.

By centering cumulative impacts in environmental decision making, the EPA’s interim framework stands to improve human health, quality of life and the environment in all communities, with a particular focus on using data and information to inform decisions that reduce disproportionate and adverse burdens of cumulative impacts on health.

We particularly appreciate the attention provided in the framework to engaging communities that experience disproportionate burdens of air and other pollutants in the process of environmental decision making, recognizing the critical role of community residents in strengthening decisions and protecting the health of America’s taxpayers. CAPHE has, and continues to, work diligently to develop and disseminate new models for shared leadership in environmental decision making that assure that communities that bear the disproportionate burden of environmental exposures play an active role in influencing decisions that impact emissions, exposures and ultimately the health of residents. We encourage you to continue to identify and support innovative and effective processes and structures that support and sustain the active engagement and influence of disproportionately impacted communities in the decisions that impact their environments and health.

We support and are greatly appreciative of the work that EPA scientists have done over many years to carefully build the body of impartial and critical scientific evidence regarding the distribution of environmental harms and their cumulative impacts on health. This Interim Framework rests on that solid body of evidence and provides a critical framework for helping to make the residents of our country safer and healthier. For communities like southwest Detroit, south Dearborn, and many others across this country, addressing the disproportionate burden of environmental exposures is – quite literally - a matter of life and death.

On behalf of Community Action to Promote Healthy Environments:



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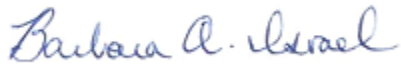


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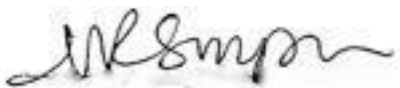
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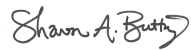


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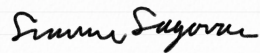
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Additional Endorsements outside of CAPHE

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